Tri-Energy Services Ltd.
Canadian Safety Services Ltd.
105 Kuusamo Dr. Red Deer County, Alberta T4E 2J5
www.tri-energy.ca 403-887-5400

INJURY INCIDENT REPORT FORM

☐ Work Related Injury ☐ Non-Work Related (Non Occupational

Worker Name *(first/last)*:_____ Leader Name *(first last)*:_____

Incident Information

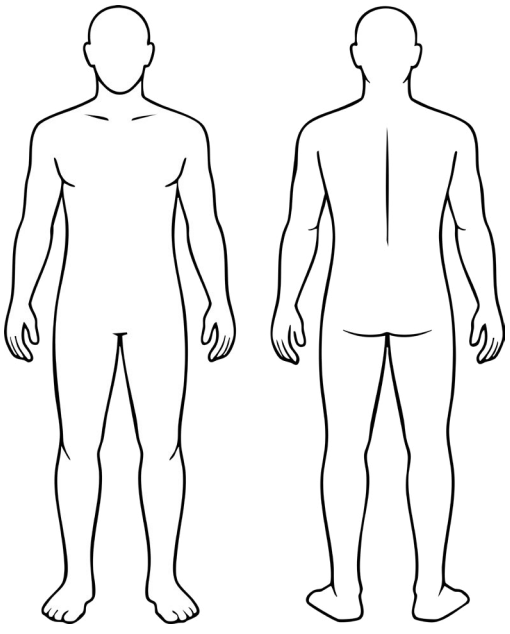
Date: _____ Time: _____ Location: _____Service Line _____

Occupational Position: _____ Witness Present: ☐ Yes ☐ No

Injury/Illness Information

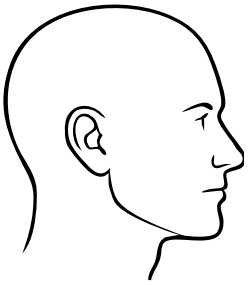
Describe the symptoms you felt and when they started:

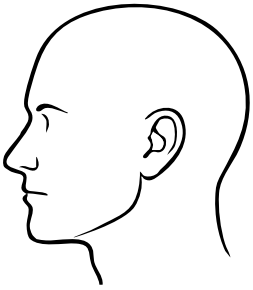
Circle the Injured Body Part Area


Front of Body

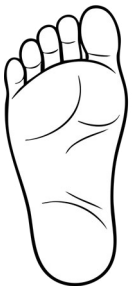
Back of Body

Head View


Right Side View


Left Side View

Sole View


Right Foot

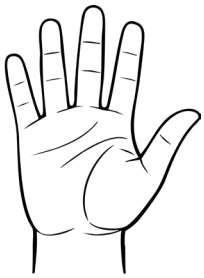

Left Foot

Top of foot view


Left Foot


Right Foot


Left Hand of palm


Right Hand of palm

Have you had a similar injury/ illness before? ☐ Yes ☐ No

Provide details if you answered yes:

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Injury/Illness Assessment/Treatment

Did you receive first aid from a certified first aid attendant? ☐ Yes, Provide Details ☐ No

Treatment Recieved: _____

Name of First Aid Attendant: _____

Were you assessed & treated by a health professional or medical practitioner? ☐ Yes, please provide details ☐ No

Treatment received: _____

Medication recommended/prescribed: _____

Refusal of Medical Treatment

I refused to receive medical assessment/ treatment on (date) _____ offered by (name) _____

at (time 24:00) _____ in (location) _____.

Sign Off

The foregoing statement, which I have provided to _____, has been read and reviewed by me. I fully understand its contents and hereby declare that it is a true and correct record of my account.

Your Name _____ Signature: _____ Date: _____

Leader Name: _____ Signature: _____ Date:_____

HSE Name: _____Signature: _____ Date: _____